

Facility:
Date:
Surveyor:

Post-Survey Protocol Ambulatory Surgical Centers

Directions: Review this list. This is what is required federally. Compare this list with the one from your preceptor or training coordinator, and identify the differences. Discuss with your preceptor.

Item	<input checked="" type="checkbox"/>
Setting up the Survey in Aspen:	
<ul style="list-style-type: none"> The survey is set up in Aspen according to Federal guidelines and State Agency policy. 	<input type="checkbox"/>
Ensuring Accurate Information:	
<ul style="list-style-type: none"> The Team/Supervisor reviews the survey properties and citations, ensuring all information (entrance and exit dates, type of survey, etc.) is accurate. 	<input type="checkbox"/>
<ul style="list-style-type: none"> All survey team members complete Form CMS-2567 as determined. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Complete edits of Form CMS -2567 and review form. 	<input type="checkbox"/>
<ul style="list-style-type: none"> The team reviews all citations and resolves any issues that exist with the team members (ensure consistency in formatting, dates, times, etc.). 	<input type="checkbox"/>
<ul style="list-style-type: none"> After supervisory approval of Form CMS-2567, ensure all necessary information is included in the packet. 	<input type="checkbox"/>
<ul style="list-style-type: none"> When the packet and checklists are complete, they are forwarded to the supervisor for review 	<input type="checkbox"/>
<ul style="list-style-type: none"> Ensure the packet includes the following: 	<input type="checkbox"/>
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Federal Survey Report (Form CMS-2567) or Form CMS-2567 B if this is a follow up survey 	<input type="checkbox"/>
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Patient Identifier List 	<input type="checkbox"/>
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Staff Identifier List (if used in Form CMS-2567) 	<input type="checkbox"/>
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Form CMS-377: Ambulatory Surgical Center Request for Certification in the Medicare Program 	<input type="checkbox"/>
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Infection Control Surveyor Worksheet 	<input type="checkbox"/>
<ul style="list-style-type: none"> <ul style="list-style-type: none"> C&T (Form CMS-1539)- (electronically in ASPEN) 	<input type="checkbox"/>
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Survey Team Composition and Workload Report (Form CMS-670) 	<input type="checkbox"/>